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CONFIRMATION NO. 9313

SERIAL NUMBER 10/713,912	FILING OR 371(c) DATE 05/02/2003 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. 761A 3574
APPLICANTS Dara C. Medes, Woodbridge, CT; Heather Lyn Medes, Woodbridge, CT; William V. Padula, Guilford, CT;				
** CONTINUING DATA ***** NO 75				
** FOREIGN APPLICATIONS ***** NO 75				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/13/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 8
Verified and Acknowledged <i>Tom Sherry</i> Examiner's Signature Initials				INDEPENDENT CLAIMS 1
ADDRESS 3713				
TITLE Method and apparatus of providing wavefront color therapy				
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	